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Mailing Name (Print/Type)

L. Stephen Lockett

Signature

Date

04/01/04

UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

4179-128

First Inventor

SHAH, Tilak M.

Title

EXTRUSION LAMINATE POLYMERIC FILM
ARTICLE AND GASTRIC OCCLUSIVE DEVICE
COMPRISING SAME

Express Mail Label No.

EV160595755US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-14501. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)2. ☒ Applicant claims small entity status.
See 37 CFR 1.27.3. ☒ Specification [Total Pages: 27]

(preferred arrangement set forth below)

- Descriptive title of the invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to sequence listing, a table,
or a computer program listing appendix
- Background of the invention
- Brief Summary of the invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets: 2]

5. Oath or Declaration [Total Sheets: 1]

a. ☒ Newly executed (original or copy)b. ☐ Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional with Box 18 completed)i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s)
named in the prior application, see 37 CFR
1.63(d)(2) and 1.33(b).6. ☐ Application Data Sheet. See 37 CFR 1.767. ☐ CD-ROM or CD-R in duplicate, large table or
Computer Program (Appendix)8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)a. ☐ Computer Readable Form (CRF)

b. Specification Sequence Listing on:

i. ☐ CD-ROM or CD-R (2 copies); orii. ☐ paperc. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☒ Assignment Papers (cover sheet & document(s))10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)11. ☐ English Translation Document (if applicable)12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations13. ☐ Preliminary Amendment14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)16. ☐ Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i).
Applicant must attach form PTO/SB/35 or its equivalent.17. ☐ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation☐ Divisional☐ Continuation-in-part (CIP)

of prior application No.: _____

Prior application information:

Examiner: _____

Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.

The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

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4/01/04

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PTO/SB/17 (02-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2004		Complete if Known	
		Application Number	Unassigned
		Filing Date	April 1, 2004
		First Named Inventor	SHAH, TILAK M.
		Examiner Name	Unassigned
		Art Unit	Unassigned
		Attorney Docket No.	4179-128
<input checked="" type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$ 608.00)		

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input type="checkbox"/> Deposit Account		Large Entity Small Entity	
Deposit Account Number		Fee Code	Fee (\$)
Deposit Account Name		Fee Code	Fee (\$)
The Director is authorized to: (check all that apply)		Fee Description	
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Paid	
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity	Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	770	2001	385
1002	340	2002	170
1003	530	2003	265
1004	770	2004	385
1005	160	2005	80
SUBTOTAL (1)		(\$ 385.00)	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims	40	-20**=	20
Independent Claims	4	-3**=	1
Multiple Dependent			
Large Entity	Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1202	18	2202	9
1201	86	2201	43
1203	290	2203	145
1204	86	2204	43
1205	18	2205	9
SUBTOTAL (2)		(\$ 223.00)	
Other fee (specify)			
SUBTOTAL (3)		(\$)	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Steven J. Hultquist	Registration No. (Attorney/Agent)	28021
Signature		Telephone	(919) 419-9350
		Date	04/01/04

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